

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 167

FILED NOV 20 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FESTUS

Length of stay in 1b

8 MOS.

c. FULL NAME OF (If NOT in hospital, give location)

MT. VIEW NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

c. CITY

OR

TOWN

MAPLEWOOD

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

7706 IEROME AVE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Fred

Middle

L.

Last

Armstrong

4. DATE

OF

DEATH

Month

NOVEMBER

Day

15-1962

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-10-1884

9. AGE (last birthday)

78

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DEALER

10b. KIND OF BUSINESS OR INDUSTRY

AUTO PARTS

11. BIRTHPLACE (City and state or country)

URBANA, ILL

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

WILBER ARMSTRONG

13b. MOTHER'S MAIDEN NAME

MINERVA KELLER

14. NAME OF HUSBAND OR WIFE

LILLIAN ARMSTRONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. VERA ARMSTRONG ABOVE

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho-Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardio-Vascular Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-22-62 to 11-15-62 and last saw her alive on 11-15-62

Death occurred at 12:55 AM 11-15-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. A. Donnell, M.D.

(Degree or title)

22b. ADDRESS

Crystal City, Mo.

22c. DATE SIGNED

11-15-62

23a. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-17-62

23c. NAME OF CEMETERY OR CREMATORY

OAK HILL CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO

(State)

24. FUNERAL DIRECTOR

Jay B. Smith

ADDRESS

MAPLEWOOD, MO.

25. DATE RECD. BY LOCAL REG.

11-16-62

25. REGISTRAR'S SIGNATURE

Shane A. Rogers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

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VS 300
Rev. 4/59

2506

24004

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NOV 21 1962

FEB 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H E Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.